

MISSOURI DEPARTMENT OF HEALTH
BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV/RBT IV

SUBJECT'S NAME		DATE OF TEST
OPERATIONAL CHECKLIST: ALCO-SENSOR IV/RBT IV		
ALCO-SENSOR SERIAL NO.	RBT SERIAL NO.	LOCATION OF INSTRUMENT
<div><input type="checkbox"/> 1. Subject observed for at least 15 minutes by _____. No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.</div> <div><input type="checkbox"/> 2. Press the ON button to turn on RBT IV. If display shows LO.BAT., unit needs charging - otherwise, proceed.)</div> <div><input type="checkbox"/> 3. Press start button.</div> <div><input type="checkbox"/> 4. Insert mouthpiece into Alco Sensor IV.</div> <div><input type="checkbox"/> 5. Observe temperature display, make sure temperature reading is between 10°C and 40°C.</div> <div><input type="checkbox"/> 6. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.</div> <div><input type="checkbox"/> 7. When "SET" is displayed on Alco-Sensor IV, press SET button.</div> <div><input type="checkbox"/> 8. When "RBT" is displayed on Alco-Sensor IV, take subject breath sample.</div> <div><input type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button.</div> <div><input type="checkbox"/> 10. Press red button to eject mouthpiece.</div> <div><input type="checkbox"/> 11. When printer has completed printing test result, tear off tape and fill in subject and officer information.</div> <div><input type="checkbox"/> 12. Turn power off on RBT.</div> <div><input type="checkbox"/> 13. Attach printout to this report.</div>		
CERTIFICATION BY OPERATOR		BAC
<p>As set forth in the rules promulgated by the Department of Health related to the determination of blood alcohol by breath analysis, I certify that:</p> <div><input type="checkbox"/> 1. There was no deviation from the procedure approved by the department.</div> <div><input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.</div> <div><input type="checkbox"/> 3. I am authorized to operate the instrument.</div> <div><input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.</div>		
NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)		DATE